

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC57000060	(X3) DATE SURVEY COMPLETED 03/01/2017
NAME OF PROVIDER OR SUPPLIER SANDY PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 11301 SE TEQUESTA TERRACE TEQUESTA, FL 33469	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - INITIAL COMMENTS

An unannounced licensure complaint investigation survey, CCR# 2017001634, was conducted on [redacted] and [redacted], at Sandy Pines Residential Treatment Center for Children and Adolescents facility, License Number 52.

The allegations were substantiated.

The facility had deficiencies at the time of the investigation.

0116 - Staff - Communication - 65E-9.007(2), F.A.C.

Based on record review and interview, the facility failed to ensure communication among their staff regarding a resident, necessary to the performance of each staff member's responsibility to the residents for 1 of 3 sampled residents as evidenced by the lack of communication, between staff resulting in a resident who had physician's orders for "Line of Sight" (Eye Contact While Awake-ECWA) remaining out of the physician's ordered "Line of Sight" by the facility's staff that allowed the resident the opportunity to place constrictive material around their neck in an attempt to harm themselves (Resident #1).

The findings included:

Review, on [redacted] of the facility's own Policy and Procedure titled, "Communication Among Staff," with the most recent review of [redacted] documented, "The 24-hour highlight sheet alerts clinical and administrative staff of any unusual or potentially serious events or concerns on a daily basis. The progress note provides written communication for all staff involved with the residents." Review, on [redacted] of the facility's own Policy and Procedure titled, "Observation Status: Routine and Special," revised [redacted], documented, "Line of Sight Eye Contact is defined as the presence of a staff member who is assigned to keep the resident in constant presence of staff all waking hours." Further review of the facility's own Policy and Procedure titled, "Observation Status: Routine and Special," revised [redacted], reveals no evidence documenting eye contact while awake for purging.

Review of the Nurse's Notes, dated [redacted] documented that Resident #1 was observed by staff; in the [redacted] and the facility's Nurse was notified. Review of the Physician Order, dated [redacted] reveals Resident #1 was placed on the observation status of, "Eye Contact during the following shift/times while awake and the resident was placed on "eye contact while awake." During an interview on [redacted] at 2:30 PM, Staff #B stated, "I went to "report" that morning ([redacted]) and it was discussed that Resident #1 was on ECWA (Eye Contact While Awake) and that the resident was purging. Resident #1's observation status was not discussed further because that was not the focus in that morning's meeting. At around 10:05 AM, I unlocked [redacted]; Resident #1 entered their [redacted];"

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Staff #B acknowledged the resident was not watched while the resident was in their the resident was found in the parts of a bed sheet around their neck and staff had to cut the sheet off of the resident's neck." During the interview with Staff #B on at 2:30 PM, Staff #B stated she assumed Resident #1 was on ECWA for purging and did not get clarification of the correct type of observation for Resident #1.

During an interview, on at 3:23 PM, the Weekend Program Manager stated that when a resident is on the observation status of ECWA, all staff is responsible to watch the resident; during the "Morning Report ()," it was stated that Resident #1 was on ECWA and was purging the previous evening. All residents on ECWA have to be in the , their are locked and the Weekend Program Manager acknowledged that ECWA can be confusing to the staff."

The Weekend Program Manager further explained, during the interview, on at 3:23 PM that there are 3 types of ECWA, ECWA for safety at all times, ECWA for medication where you watch the resident up to 1 hour after medication administration and ECWA for purging which is watch up to 2 hours after eating, during the interview, on at 3:23 PM. The Weekend Program Manager acknowledged that "Eye Contact While Awake" is the only type of observation in the facility's Policy and Procedure manual and the Weekend Program Manager acknowledged that there was miscommunication on the type of observation for Resident #1, during an interview, on at 3:23 PM.

Interview with Staff #A by telephone on at 8:15 PM reveals the morning of was very hectic and Staff #A acknowledged that there was a miscommunication on the ECWA for Resident #1. During an interview, on at 3:50 PM, the Chief Nursing Officer acknowledged that there was a miscommunication and misunderstanding of the type of observation Resident #1 was on.

0129 - Staff Qualifications - Direct Care Staff - 65E-9.007(4)(f), F.A.C.

Based on record review and interview, the facility failed to ensure that care staff, who work directly with children, have evidence of a High School Diploma or General Education Development (GED) certificate for 4 of 11 sampled staff personnel records reviewed (Staff #D, #F, #G and #K).

The findings included:

1. A Personnel Record review, conducted on reveals evidence of documentation that Staff #D, a Mental Health Technician was hired on and had no evidence of documentation of a High School Diploma or GED certificate. Further review of the , 2107 staff schedule reveals that Staff #D worked on and

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<p>2. A Personnel Record review, conducted on _____ reveals evidence of documentation that Staff #F, a Mental Health Technician Supervisor, was hired on _____ and had no evidence of documentation of a High School Diploma or GED certificate. Further review of the _____, 2107 staff schedule reveals that Staff #F worked on _____ and _____.</p> <p>3. A Personnel Record review, conducted on _____ reveals evidence of documentation that Staff #G, a Mental Health Technician Supervisor, was hired on _____ and had no evidence of documentation of a High School Diploma or GED certificate. Further review of the _____, 2107 staff schedule reveals that Staff #G worked on _____ and _____.</p> <p>4. A Personnel Record review, conducted on _____ reveals evidence of documentation that Staff #K a Mental Health Technician Supervisor was hired on _____ and had no evidence of documentation of a High School Diploma or GED certificate. Further review of the _____, 2107 staff schedule reveals that Staff #K worked on _____ and _____.</p> <p>In an interview and side- by-side review of the personnel files of Staff #D, Staff #F, Staff #G and Staff #K conducted on _____ at 2:55 PM, the Human Resource Director reviewed the files, acknowledged the findings and confirmed that Staff #D, Staff #F, Staff #G and Staff #K were current staff members.</p> <p>0134 - Staff Orientation & Training - Inservice 40hr - 65E-9.007(5)(e), F.A.C.</p> <p>Based on record review and interview, the facility failed to ensure that staff who work directly with children receive 40 hours of in-service training annually for 4 of 11 sampled staff records reviewed (Staff #B, #F, #H and #K) .</p> <p>The findings included:</p> <p>1. A review conducted on _____ of Staff #B's personnel file reveals their date of hire was _____ and Staff #B is currently employed as a Mental Health Technician. Continued review of Staff #B's personnel file reveals that Staff #B's hours of annual training total only 28 hours. A review of the _____, 2107 staff schedule reveals that Staff B worked on _____ and _____.</p>		

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<p>2. A review conducted on _____ of Staff #F's personnel file reveals their date of hire was _____ and Staff #F is currently employed as a Mental Health Technician. Continued review of Staff #F's file reveals that Staff #F's hours of annual training total only 34 hours. A review of the _____, 2107 staff schedule reveals that Staff #F worked on _____ and _____.</p> <p>3. A review conducted on _____ of Staff #H's personnel file reveals their date of hire was _____ and Staff #H is currently employed as a Mental Health Technician. Continued review of Staff #H's file reveals that Staff #H's hours of annual training total only 25 hours. A review of the _____, 2107 staff schedule reveals that Staff #H worked on _____ and _____.</p> <p>4. A review conducted on _____ of Staff #K's personnel file reveals their date of hire was _____ and Staff #K is currently employed as a Mental Health Technician Supervisor. Continued review of Staff #K's file reveals that Staff #K's hours of annual training total only 8 hours. A review of the _____, 2107 staff schedule reveals that Staff K worked on _____ and _____.</p> <p>In an interview and side-by-side review of the personnel files of Staff #B, Staff #F, Staff #H and Staff #K conducted on _____ at 2:55 PM with the Human Resource Director, she reviewed Staff #B, Staff #F, Staff #H and Staff #K's files, confirmed that Staff #B, Staff #F, Staff #H and Staff #K were current staff members and confirmed the findings.</p> <p>0185 - Children's Rights - /Neglect Staff Req - 65E-9.012(3)(d), F.A.C.</p> <p>Based on record review and interview, the facility failed to ensure that each staff member reads and signs a statement summarizing the Child _____ and Neglect Laws also including the outlining of the staff member's responsibility to report all incidents of child _____ and neglect and this document is placed in the employee's personnel file in 1 of 11 sampled personnel records reviewed (Staff #H).</p> <p>The findings included:</p> <p>A review conducted on _____ of Staff #H's personnel file reveals Staff #H's date of hire was _____ and Staff #H is currently employed as a Mental Health Technician. Continued review of Staff #H's file reveals that the file lacked evidence of documentation of a signed statement summarizing the Child _____.</p>		

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<p>and Neglect Laws also including the outlining of the staff member's responsibility to report all incidents of child and neglect. A review of the , 2107 staff schedule reveals that Staff #H worked on and</p> <p>In an interview and side-by-side review of the personnel files of Staff #H conducted on at 2:55 PM with the Human Resource Director, she reviewed the file, confirmed that Staff #H is a current staff member and confirmed the findings.</p> <p>Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC</p> <p>Based on record review and interview, the facility failed to ensure that a signed Attestation of Compliance with Chapter 435 was in the employee's personnel file for 3 of 11 sampled staff records reviewed (Staff #D, #G and #K).</p> <p>The findings included:</p> <p>1. A Personnel Record review, conducted on reveals evidence of documentation that Staff #D, a Mental Health Technician, was hired on Further review reveals Staff #D's file lacked evidence of documentation of a signed Attestation of Compliance with Chapter 435, as required. A review of the , 2107 staff schedule reveals that Staff #D worked on and</p> <p>2. A Personnel Record review, conducted on reveals evidence of documentation that Staff #G, a Mental Health Technician Supervisor was hired on Further review reveals Staff #G's file lacked evidence of documentation of a signed Attestation of Compliance with Chapter 435, as required. A review of the , 2107 staff schedule reveals that Staff #G worked on and</p> <p>3. A Personnel Record review, conducted on reveals evidence of documentation that Staff #K, a Mental Health Technician Supervisor was hired on Further review reveals Staff #K's file lacked evidence of documentation of a signed Attestation of Compliance with Chapter 435, as required. A review of the , 2107 staff schedule reveals that Staff #K worked on and</p> <p>In an interview and side-by-side review of the personnel files of Staff #D, Staff #G and Staff #K conducted on at 2:55 PM with the Human Resource Director, she reviewed Staff #D, Staff #G</p>		

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<p>and Staff #K's files, confirmed that Staff #D, Staff #G and Staff #K were current staff members and confirmed the findings.</p> <p>UNCLASSIFIED Severity/Scope = 1/3 Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS</p> <p>Based on record review and interview, the facility failed to ensure that an "Eligible" Level II Background Screening was obtained as required for 1 of 11 sampled staff records reviewed (Staff #F).</p> <p>The findings include:</p> <p>A review of Staff #F's personnel record reveals Staff #F is a Mental Health Technician's whose date of hire was Continued review reveals Staff #F's file lacked evidence of documentation of a, "Eligible" Level II Background Screening. A review of the facility work schedule for the month of 2017 reveals that Staff #F worked on and from 11:00 PM -7:00 AM, and on from 03:00 PM- 11:00 PM. In an interview and side-by-side review of the personnel file of Staff #F conducted on at 2:55 PM with the Human Resource Director she reviewed Staff #F's and confirmed that Staff #F did not have a current "Eligible" Level II Background Screening.</p> <p>The AHCA (Agency for Health Care Administration)'s Background Screening Data Base was searched on and reveals that Staff #F did not have an "Eligible" Level II Background Screening on the AHCA Data Base.</p> <p>UNCLASSIFIED Severity/Scope = 1/3</p>		